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 JAN 10 2005  
 PUBLIC SERVICE  
 COMMISSION

**TRANSMITTAL LETTER**

To: Gerald Weutcher  
 Assistant General Counsel  
 KY Public Service Commission  
 211 Sower Blvd  
 P.O. Box 615  
 Frankfort, KY 40602-0615

Date: January 6, 2005

RE: Southeast Daviess County Water District  
 New Tariff  
 Fire Line Backflow Preventer  
 Case No. 2004-00179

We are sending you:  Attached/Enclosed  
 Hand Delivered  Faxed

The following items:

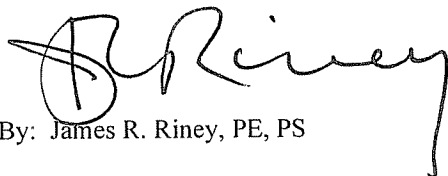
- Plans  Specifications  Technical Drawing
- Survey Plat  Description  Requested Information
- Drainage Information

<u>Item No.</u>	<u>Number of Copies</u>	<u>Description</u>
1	1	Duly signed Tariff Sheet with modifications
2	1	Backflow Preventer and Vault Detail Sheet
3	1	Test & Maintenance Reporting Form

Transmittal Information Forwarded:

- For your review/comment  For your action
- For your information  Approved as submitted
- For your use  Approved as noted
- For your approval  Returned for revisions
- Per your request  Additional information requested
- For your signature  Discuss with me
- For your file

Comments: Please call if you have any questions.



By: James R. Riney, PE, PS

Copy: Bill Higdon

FOR Southeast Daviess County, Kentucky  
Community, Town or City

P.S.C. KY. NO. 1

SHEET NO. 14

Southeast Daviess Water District  
(Name of Utility)

CANCELLING P.S.C. KY. NO. \_\_\_\_\_

SHEET NO. \_\_\_\_\_

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RULES & REGULATIONS

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24. **UNMETERED PRIVATE FIRE PROTECTION SERVICES:**

The Customer shall install a double-acting backflow preventer and valve vault at each unmetered private fire protection line. The Customer shall install the backflow preventer assembly in accordance with the District's "Fire Protection Line Double Check Valve and Vault" Detail as set forth in this tariff. Normal assembly and vault installation shall be within ten (10) feet of the fire line connection point to the District's water main.

Customer shall test and service the backflow preventer at least once during calendar year. Testing and maintenance occurring within six (6) months of a prior test and maintenance event shall not be considered as a testing and maintenance event for purposes of this rule. Customer shall report to the District all tests and servicing on a "Test and Maintenance Form" as shown in this regulation. Reports shall be filed with the District within 21 days of the test. The Customer shall perform all repairs and maintenance deemed necessary as a result of the inspection within 14 days of the inspection.

Only qualified individuals shall perform inspections, testing and maintenance on a backflow preventer. For purposes of this regulation, a "qualified individual" is a licensed plumber or licensed fire protection sprinkler contractor.

Customer shall provide to and ensure that authorized District personnel have access to the backflow preventer and vault at all reasonable times to inspect for compliance with the District's rules and regulations. Customer shall further provide access to backflow preventer and vault during any emergency.

The Customer is responsible for all costs related to the installation, operation, testing and maintenance of each of its backflow preventer assemblies.

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DATE OF ISSUE \_\_\_\_\_  
Month / Date / Year

DATE EFFECTIVE \_\_\_\_\_  
Month / Date / Year

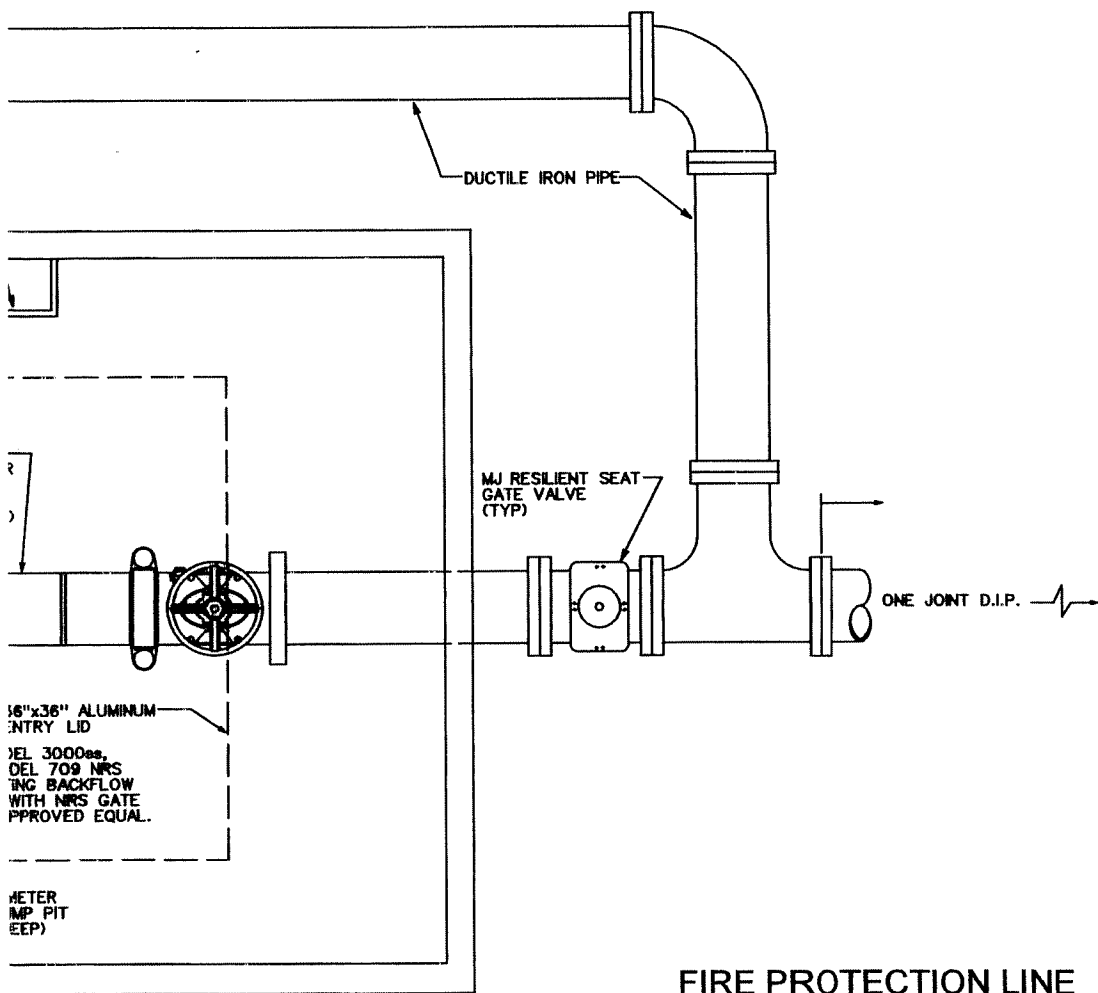
ISSUED BY Joseph T. Elliott  
(Signature of Officer)

TITLE BOARD CHAIRMAN

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION

IN CASE NO. 2004-00179 DATED \_\_\_\_\_

AF-04-24



VIEW

VALVE SIZE	MIN. VAULT SIZE (WxLxD)
1/2"	4'X5'X5'
3/4"	4'X6'X5'
1"	5'X8'X6'

**FIRE PROTECTION LINE  
 DOUBLE-ACTING BACKFLOW  
 PREVENTER WITH GATE VALVES AND  
 VAULT DETAIL**  
**SOUTHEAST DAVIESS COUNTY WATER DISTRICT  
 AND  
 WEST DAVIESS COUNTY WATER DISTRICT**  
 PREPARED BY:

**ENGINEER'S CERTIFICATION**  
 PREPARED UNDER MY DIRECT SUPERVISION; IS  
 CORRECT TO THE BEST OF MY KNOWLEDGE,  
 OPINION AND BELIEF.

**HRG**   
**PLLC**  
 SURVEYING & ENGINEERING  
 LAND DEVELOPMENT CONSULTANTS  
 416 WEST THIRD STREET  
 OWENSBORO, KENTUCKY 42301  
 (270)683-7558 FAX (270)683-9277  
 © 2004 HRG, PLLC

\_\_\_\_\_  
 ENGINEER PE, PLS  
 PROFESSIONAL ENGINEER NO. 11,402      DATE \_\_\_\_\_

c:\ogn2\details.dgn Mar. 15. 2004 10:27:42

**BACKFLOW PREVENTION ASSEMBLY  
TEST & MAINTENANCE FORM**

THIS FORM MUST BE COMPLETED BY A CERTIFIED TESTER

CONTACT PERSON	PHONE NUMBER
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**I. GENERAL INFORMATION**

NAME OF FACILITY		ADDRESS			
LOCATION OF ASSEMBLY			DOMESTIC <input type="checkbox"/>	DATE OF INSTALL	
			FIRE SERVICE <input type="checkbox"/>		
			IRRIGATION <input type="checkbox"/>		
MANUFACTURER	MODEL	SERIAL NO	SIZE	<input type="checkbox"/> RP <input type="checkbox"/> PVB <input type="checkbox"/> AG <input type="checkbox"/> DC	
		TEST GAUGE MODEL	LAST CALIBRATED	LINE PSI	

**II. TEST & REPAIRS INFORMATION**

	CHECK VALVE NO. 1	CHECK VALVE NO 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
I N I T I S A T I O N	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT PRESSURE DROP ACROSS FIRST CHECK VALVE PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPEN AT PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> AIR INLET OPENED AT PSID <input type="checkbox"/> DID NOT OPEN
R E P A I R S	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> RUBBER PARTS KIT. <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCKNUTS  OTHER:	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> RUBBER PARTS KIT. <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCKNUTS  OTHER:	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> RUBBER PARTS KIT. <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/> DISC <input type="checkbox"/> DIAPHRAM <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS  OTHER:	<input type="checkbox"/> CHECK VALVE: PSID <input type="checkbox"/> CLEANED REPLACED: <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> DISC AIR INLET <input type="checkbox"/> DISC CV <input type="checkbox"/> SPRING <input type="checkbox"/> RETAINER <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS  OTHER:
F I N E A S U R E	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> OPEN AT PSID REDUCED PRESSURE	<input type="checkbox"/> SATISFACTORY
R E M A R K S	CONDITION OF NO. 2 CONTROL VALVE	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> LEAKED	DATE: ASSEMBLY PASS DATE: ASSEMBLY FAIL

**\*NOTE: ALL REPAIRS/REPLACEMENTS MUST BE MADE WITHIN FOURTEEN (14) DAYS**

**III. APPROVALS**

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSMEBLY

NAME OF CERTIFIED BACKFLOW PREVENTION TESTER (PRINT)	PHONE NUMBER	BUSINESS NAME:
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INITIAL TEST	SIGNATURE OF INITIAL CERTIFIED BACKFLOW PREVENTION TESTER	CERTIFIED TESTER NUMBER	DATE	TIME
REPAIRS	SIGNATURE OF REPAIRER	CERTIFIED TESTER NUMBER	DATE	TIME
FINAL TEST	SIGNATURE OF FINAL CERTIFIED BACKFLOW PREVENTION ASSEMBLY TESTER	CERTIFIED TESTER NUMBER	DATE	TIME

UNITED STATES POSTAGE  
★ ★ ★  
185  
4501 \$ 00.830 PB8728407  
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PUBLIC SERVICE  
COMMISSION



416 West Third Street • P.O.Box 535 • Owensboro, KY 42302

TO

Gerald Weutcher  
Assistant General Counsel  
KY Public Service Commission  
211 Sower Boulevard  
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Frankfort, KY 40602-0615